

UNITED STATES DISTRICT COURT

for the

WESTERN District of MISSOURI

SOUTHERN Division

Case No. _____

(to be filled in by the Clerk's Office)

ERNESTO VALENTINO BELL

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

GREENE COUNTY JAIL CENTER

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

ERNESTO VALENTINO BELL

All other names by which
you have been known:

ERNESTO, NESTO, STONE

ID Number

121030

Current Institution

GREENE COUNTY JUSTICE CENTER

Address

5100 W. DIVISION

SPRINGFIELD

MO

65802

City

State

Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

JIM ARNOTTE

Job or Title (*if known*)

SHERIFF

Shield Number

Employer

GREENE COUNTY JUSTICE CENTER

Address

5100 W. DIVISION

SPRINGFIELD

MO

65802

City

State

Zip Code

☐

Individual capacity

☒

Official capacity

Defendant No. 2

Name

Job or Title (*if known*)

SHIFT COMMANDER / SUPERVISOR

Shield Number

Employer

GREENE COUNTY JUSTICE CENTER

Address

5100 W. DIVISION

SPRINGFIELD

MO

65802

City

State

Zip Code

☐

Individual capacity

☒

Official capacity

Defendant No. 3

Name

Job or Title (if known)

Shield Number

Employer

Address

MEDICAL STAFF SUPERVISOR

GREENE COUNTY JUSTICE CENTER

5100 W DIVISION

SPRINGFIELD

MO

65802

City

State

Zip Code

☐ Individual capacity

☒ Official capacity

Defendant No. 4

Name

Job or Title (if known)

Shield Number

Employer

Address

DOCTOR ON CALL

GREENE COUNTY JUSTICE CENTER

5100 W. DIVISION

SPRINGFIELD

MO

65802

City

State

Zip Code

☐ Individual capacity

☒ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

14th AMENDMENT DUE PROCESS OF LAW & EQUAL PROTECTION OF THE LAW
DO TO INADEQUATE ATTENTION OF MEDICAL ASSISTANCE
AND DUE PROCESS OF LAW & 8th AMENDMENT CRUEL & UNUSUAL PUNISHMENT
DO TO “NEGLIGENCE OF SECURITY

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

CONT. QUESTION D. BASIS FOR JURISDICTION

#1 DEFENDANT "JIM ARNOTTE"

JIM ARNOTTE ACTED UNDER THE COLOR OF STATE/LOCAL LAW BECAUSE HE HOLDS THE COUNTY SEAT FOR SHERIFF IN THE LOCAL COUNTY OF GREENE COUNTY MISSOURI. HE'S A LOCAL OFFICIAL WITH THE HIGHEST POSITION OF AUTHORIZATION AT THE GREENE COUNTY JUSTICE CENTER. HE HAS HIS OWN ADMINISTRATION WITH THE AUTHORITY TO SUPERVISE, EVALUATE AND TO DIRECT OTHERS, BY MAKING SURE PROTOCOL AND PROPER TRAINING IS DONE UP UNDER HIS ADMINISTRATIVE STAFF. I SUSTAINED MY INJURY UNDER THE SECURITY AND CARE OF HIS ADMINISTRATION.

THE #2 DEFENDANT ACTED UNDER THE COLOR OF STATE/LOCAL LAW BECAUSE HE #2 IS THE SHIFT SUPERVISOR/COMMANDER OF SECURITY STAFF/PERSONNEL, THAT WAS IN CHARGE OF OBSERVATION AND MONITORING INMATES ON 10/19/2024 WHEN THE INCIDENT OCCURRED; AT 1:47 PM THE INCIDENT COULD BE SEEN FROM THE REC. ROOM CAMERA OF HOUSING UNIT #12 AND THE HALLWAY CAMERA # SHOWS "RASHAD OQUELT" #2950616 ENTERING MY CELL #110 CAMERAS SHOWS INMATE EXITING MY CELL AT 1:50 PM AT APPROXIMATELY 1352 HOURS OFFICER RATLIFF DSN 1828 STATED HE WAS WORKING THE POST AS BUBBLE OFFICER FOR UNIT 10 AND 12. THE SHIFT SUPERVISOR HAS THE [REDACTED] AUTHORITY TO SUPERVISE, EVALUATE AND TO DIRECT OTHERS, BY MAKING PROTOCOL AND PROPER TRAINING ARE BEING MET. HE'S A LOCAL OFFICIAL UNDER THE ADMINISTRATION OF JIM ARNOTTE AT GREENE COUNTY JUSTICE CENTER

DEFENDANTS #3 + #4

#3 THE MEDICAL STAFF SUPERVISOR AND #4 THE DOCTOR ON CALL BOTH ACTED UNDER THE COLOR OF STATE/^{LOCAL} LAW BECAUSE BOTH PARTIES ARE A PART OF THE LOCAL OFFICIAL'S TIM ARNOTTE'S ADMINISTRATION WHO HOLDS THE COUNTY SEAT OF GREENE COUNTY MISSOURI. HE'S AUTHORIZES THE ADMINISTRATION AND WORKS OUT OF THE GREENE JUSTICE CENTER. I SUSTAINED AN INJURY AT GREENE COUNTY JUSTICE CENTER ON 10/19/2024 AND WAS BUS TO AN OUTSIDE HOSPITAL FOR 3 DAYS. ON 10/21/2024 I WAS RETURNED BACK TO GREENE COUNTY JUSTICE CENTER AWAITING FOR MEDICAL/STAFF PERSONNEL TO SCHEDULE ME FOR RECONSTRUCTIVE SURGERY TO BE DONE ON MY LEFT EYE AFTER HAVING KNOWLEDGE AND AWARE THE OFFENDER SUSTAINED AN EYE INJURY WITH A SPECIFIC TIME PERIOD AND TIME LIMITATIONS. THEN ON 10/25/2024 I WAS TRANSPORTED TO UNIVERSITY HOSPITAL. THE OPTIMOLOGIST OF UNIVERSITY HOSPITAL STATED THAT THE STAFF OF UNIVERSITY HOSPITAL EYE CENTER HAD E-MAILED THE MEDICAL STAFF/PERSONNEL OF GREENE COUNTY JUSTICE CENTER 3 TIMES (E-mails) AND CALLED THEM TWICE TO RECOMMEND THAT I BE TAKEN TO THE BARNES JEWISH HOSPITAL OF ST. LOUIS FOR THE RECONSTRUCTIVE SURGERY TO BE DONE. THE OPTIMOLOGIST OF THE EYE CENTER STATED THAT THIS WAS WEDNESDAY 10/23/2024 WHEN ALL E-MAILS WERE SENT AND 10/25/2024 WHEN THEY WERE

PLACING CALLS TO GREENE COUNTY JUSTICE CENTER MEDICAL STAFF/PERSONNEL. THE MEDICAL STAFF/PERSONNEL FAIL TO PROVIDE MEDICAL CARE BY SHOWING PURE NEGLIGENCE TO MONITORING ALL COMMUNICATION DEVICES AND NETWORKS TO CORRESPOND MONITOR AND OBSERVE INCOMING CALLS AND MESSAGES. IF MEDICAL STAFF/PERSONNEL WOULD HAVE TAKEN THOSE CALLS ON 10/23/2024 AND OR E-MAILS. 10/25/2024 I COULD HAVE MET THE TIME PERIODS AND TIME LIMITATIONS FOR RECONSTRUCTIVE SURGERY TO SAVE MY LEFT EYE. THE MEDICAL STAFF SUPERVISOR AND DOCTOR ON CALL BOTH ARE RESPONSIBLE BECAUSE BOTH PARTIES ^{ARE} IN POSITION TO EVALUATE, MONITOR OBSERVE AND TRAIN STAFF TO CORRESPOND, COMMUNICATE AND TO PROVIDE PROPER MEDICAL CARE TO OFFENDERS.

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed. ALL DEFENDANTS WORK UNDER THE TITLE OF THE GREENE COUNTY JUSTICE CENTER. ALL DEFENDANTS ARE EMPLOYED UNDER SHERIFF TIM ARNOTTE'S ADMINISTRATION THIS CONSIST OF LOCAL LAW OFFICIALS. SO, ALL PARTIES ACTED UNDER THE COLOR OF LOCAL LAW/STATE LAW. CONT.

III. Prisoner Status

ADDITIONAL
PAGES

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☒ Other (explain) PAROLE VIOLATOR PENDING NEW CHARGES

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.
GREENE COUNTY JUSTICE CENTER, S100 W DIVISION
SPRING FIELD MISSOURI 65802.

(WHEN: ON 10/19/2024) (WHERE: HOUSING UNIT #12 CELL #110)

Facts on Liability

Plaintiff: Ernesto Bell; states that on October 19th 2024, I was forced into a altercation with inmate Rashad Oguel, he came into my cell and attack and assaulted me, I was forced to defend myself. I lost my left eye after he pulled it out, in Greene County Justice Center, of Springfield, Mo. Thereafter medical staff was treating me, while waiting on the ambulance. I heard Greene County Officers, talking and ask each other "how did Rashad Oguel, get into general population." Officers replied that they had no answers, nor ideas, "how inmate Rashad got into general population." That inmate Rashad was waiting to be returned to the "Deinstitutional Mental Hospital", of the State of Missouri, due to him being incompetent to stand trial, he had been transported to Burrell Mental Health Center. That he attacked multiple Greene County Officers, the names I heard were Officer's Itebert / Sergeant / Childress / Castelleros / Wendy Small. I humbly ask this Court to look into subpoena, these alleged assaults on Greene County Staff? I was subsequently taken to Cox South Hospital, of Spfld. Mo. As an inpatient, there I was treated by the doctor and ophthalmologist, the ophthalmologist, recommended I be taken immediately, to The Eye Center of Columbia, Mo. University Hospital, for reconstructive eye surgery.

Facts on Liability

However, I was released from Cox South Hospital on Oct. 21st 2024; with medical instructions, for a time sensitive, immediate, reconstructive eye surgery and to set a appointment. Sheriff Jim Arnette, of Greene County and his ("persons"); staff, failed to follow-up on the Doctor's, time sensitive instructions, for immediate reconstructive eye surgery. Thus these ("persons"), ignored the urgency thereof!

The Plaintiff, makes a claim of the following ("persons"), being liable, directly responsible and totally culpable - blameworthy for the loss of my left eye! As a result of their dereliction of their civil duties are: 1st Sheriff Jim Arnette; direct "person", 2nd "person" the Shift Commander, for the release of Rashad Oquila, psychologically and mentally ill inmate, into the general population; 3rd "person", Medical Staff Lead and/or Supervisor, for their failure to follow-up on the Doctor's instructions; of immediate - reconstructive eye surgery; 4th "person", Greene County Contracted on call medical Doctor, that makes ultimate decisions on immediate follow-ups. They all share equal liability as "Persons", working under the color of law and Culpable - blameworthy under Section 42, U.S.C. 1983. Plaintiff, States that the fact's, and aforementioned ^{specifics} ~~specifics~~ and/or allegations thereof fact as to either each

Facts on Liability

individuals direct or personal involvement, direction of others, or a knowing failure to supervise or act, which resulted directly in plaintiff's injuries and subsequently the loss of left eye.

On Oct. 25th 2025; The Ophthalmologist at Columbia, Mo. University Hospital "stated that on Oct. 23rd 2024, she e-mailed Greene County contact Kimberly, 3, times and called twice, to inform her that the Doctor there was not taking anymore patients at the time. However Greene County didn't respond. Also the Ophthalmologist "stated that she informed Kimberly in the e-mails, that the eye center recommended that I be taken to Barnes Jewish Hospital in St. Louis, Mo.; immediately, because of time sensitive reconstructive eye surgery.

Instead, I was taken back to Greene County Jail, on Oct. 25th 2024 and on Oct. 28th 2024, I was taken to the eye specialist at Barnes Jewish Hospital. There the Doctor, "stated it was too late to reconstruct my left eye," so they prevented and stopped the infection from spreading, in my eye. Cite: Under [Madewell v. Robert's, - 909, F. 2d. 1203 B.; Cruel and unusual punishment, 44 [4]; (1), Arnotte's deliberate indifference to Plaintiff's serious medical needs, cause me to lose my left eye.

Conclusion

Greene County Sheriff Jim Arnott's, failure to thoroughly, supervise and train "persons", who act under the Color of Law, for preparedness of emergency medical situations, training and/or sign off on continued professional training; to include training up-dates, for or to include all "persons", for the good and safe security of housed alleged offenders at all times; was breached and the aforementioned "persons" herein said claim, failed in their duties period!

C. What date and approximate time did the events giving rise to your claim(s) occur?

OCTOBER 19, 2024 ASSAULT OCCURRED

OCTOBER 21 2024 RETURN FROM COX SOUTH

OCTOBER 23, 2024 RESCHEDULING MY RECONSTRUCTIVE SURGERY
MEDICAL SUPERVISOR IGNORED E-MAIL (AND PHONE CALLS)

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?) I INMATE ATTACK ME, NO ONE ELSE INVOLVED

I HAD MY LEFT EYEBALL BOUGED OUT MY HEAD ON 10/19/2024. RASHAD OQUELI ATTACKED ME IN MY CELL WHILE I WAS UNDER THE SECURITY AND CARE OF THE GREENE COUNTY JUSTICE. I WAS BUSSED TO COX SOUTH HOSPITAL AND TREATED FOR 3 DAYS. I WAS RELEASED ON 10/21/2024 PENDING RECONSTRUCTIVE SURGERY TO BE DONE AT UNIVERSITY HOSPITAL ON 10/25/2024. WHEN WE ARRIVED AT THE EYE CENTER DOCTORS STATED THAT THEY E-MAIL MEDICAL STAFF SUPERVISOR OR DOCTOR ON CALL 10/23/2024 TO REFER THEM TO TAKE ME BARNES JEWISH TO HAVE SURGERY DONE WITH A LIMITED TIME TO RECONSTRUCT SURGERY, 23 STAFF WITNESSES (8 INMATE WITNESSES)

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I WAS RETURNED FROM COX SOUTH ON 10/21/2024 PENDING RECONSTRUCTIVE SURGERY AFTER ASSAULT & ATTACK OCCURRED ON 10/19/2024 WHEN I LOST MY LEFT EYEBALL. RN MARSHALL PLACED MY EYE IN A JAR FOR RECONSTRUCTIVE SURGERY ON 10/19/2024. ON 10/25/2024 I WAS TAKEN TO UNIVERSITY HOSPITAL AND DOCTOR & NURSE OF EYE CLINIC SAID THEY'D CONTACTED GREENE COUNTY MEDICAL STAFF ON 10/23/2024 TO HAVE ME TAKEN TO BARNES JEWISH OF ST. LOUIS TO RECONSTRUCT SURGERY BECAUSE IT WAS A LIMITED TIME TO RECONSTRUCT. 10/28/2024 I WAS TAKEN TO BARNES JEWISH AND IT WAS TOO LATE. IF MEDICAL STAFF SUPERVISOR & DOCTOR ON CALL WOULD MONITOR E-MAILS & PHONE CALLS ON 10/23/24 " WOULD SAVE MY EYE.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I WOULD LIKE THE COURTS TO COMPENSATE ME WITH A SUM OF \$2.6 MILLION FOR THE LOSS OF MY EYEBALL, LOSS OF VISION, VISION IMPAIRMENT, UNNECESSARY WANTON INFLECTION OF PAIN, MENTAL DISTRESS, DELIBERATE INDIFFERENCE, UNDO RISK OF ENDANGERMENT, EMOTIONAL DISTRESS, ANXIETY, PARANOIA, VERTIGO, PTSD, INSOMNIA, PAST, PRESENT AND FUTURE PAIN AND SUFFERING, PAST PRESENT AND FUTURE LOSS OF FUNCTION OF BODY AND MIND, LIFETIME DISABILITY, LONG TERM EYE CARE, PAST, PRESENT AND FUTURE, MEDICAL EXPENSES AND COURT COST AND ATTORNEY AND ADVOCATE EXPENSES. IF THE COURT DECIDE TO APPROXIMATE COUNSEL ... FOR ALL ACTUAL AND PUNITIVE DAMAGES

LIFE EXPECTANCY IS ABOUT THE AGE OF 73 YEARS, I'M GONNA NEED ALL THIS FOR AT LEAST 23 MORE YEARS, MEDICAL HAND RAIS, PROSTHETIC EYE, HOUSING RAMPS TO WALK TO AVOID MISSING STEPS AND STAIRWAYS OF MY LIVING QUARTERS.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

GREENE COUNTY JAIL CENTER, 5100 W. DIVISION, SPRINGFIELD MISSOURI

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☐ No

☒ Do not know

If yes, which claim(s)?

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

GREENE COUNTY JUSTICE CENTER
5100 W. DRUSSEON
SPRINGFIELD MISSOURI
" FROM MALE SEGREGATION

2. What did you claim in your grievance?

I CLAIM THAT I LOST MY LEFT EYEBALL BECAUSE I WAS
ATTACKED AND ASSAULTED BY INMATE RASHAD OQUELT IN
HOUSING UNIT #12 / CELL # 110 ON 10/19/2024 I CLAIM HE'D
TRIED TO GOUGE OUT BOTH OF MY EYEBALLS. I HAD TO BE
TREATED AT COX SOUTH FOR RIGHT EYE AND LEFT EYE SOCKET.

3. What was the result, if any?

THEY TOLD ME TO FILE AN AFFIDAVIT ON AN INFORMAL
REQUEST FORM AND NOTHING HAPPENED, NO RESULTS AT
ALL.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I CONTACTED GREENE COUNTY INVESTIGATORS ABOUT
MY GRIEVANCES AND AFFIDAVIT. THEY STATED THAT THEY WAS
SPRING LOOKING INTO IT. I WROTE LETTERS TO THE SHERIFF AS
WELL, NO RESPONSE FROM THE SHERIFF NOR LOCAL POLICE OF
SPRINGFIELD MISSOURI. NO PROTECTION FROM THE LAW

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

I ASKED FOR GRIEVANCE BUT ALL GRIEVANCES ARE TO BE DONE ON TABLET. NEVER RECEIVE A TABLET TO FILE ANY GRIEVANCES WHILE I WAS IN MEDICAL ISOLATION. ALSO, I COULD NOT SEE, PRIOR TO THIS I HAVE GLAUCOMA IN RIGHT EYE AND LOSE MY BETTER EYE, MY WHOLE LEFT EYE BALL IS GONE

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

I INFORMED THE GREENE COUNTY INVESTIGATORS THEN I DIDN'T HEAR ANYTHING FOR DAYS. THEN THEY TOLD ME "WHEN I SENTED "I WANTED TO FILE AN AFFIDAVIT TO WRITE IT OUT ON A REQUEST WHEN I WAS HOUSED IN MEDICAL ISOLATION, I SENT THE RESPONSE TO U.S. COURTHOUSE CLERK"

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. I'VE ASKED GREENE COUNTY INVESTIGATORS DID THEY CHARGE RAHMAN OQUELI BECAUSE I HADN'T BEEN SUBPOENA TO COURT. SO, I WANTED THE CASE # AND THEY SENT ME A CASE # BUT I HAVE NOT HEARD OF ANYTHING ABOUT HIM BEING CHARGED. I SENT CASE # TO U.S. COURTHOUSE CLERK AS AN EXHIBIT

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

No

☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: June 23, 2025

Signature of Plaintiff Ernesto Valentino Bell

Printed Name of Plaintiff ERNESTO VALENTINO BELL

Prison Identification # #121030

Prison Address 5100 WEST DIVISION

SPRINGFIELD MO 65802

City State Zip Code

B. For Attorneys

Date of signing: _____

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Address _____

City State Zip Code

Telephone Number _____

E-mail Address _____

FRANES TO V. BELL # 121030 HU# 4-

LAKEVIEW COUNTY JUSTICE CENTER

5100 W. DIVISION

SPRINGFIELD, MO. 65802

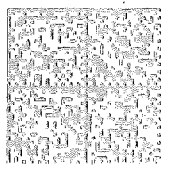
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WEST. ST. OF MO
KANSAS CITY, MO

70: UNITED STATES Courthouse
400 East 9th Street, R
KANSAS City, MO. 64106

FIRST-CLASS



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